PATENT

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence (along with any paper referred to us being attached or enclosed) is being faxed to 703-872-9306 on the date shown below to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In repatent application of:

Applicant(s): Frederick M. Discenzo

Examiner:

Hwa S. Lee

Serial No:

09/406,368

Art Unit:

2877

Filing Date:

September 28, 1999

Title: SYSTEM AND METHOD FOR OPTICAL VIBRATION SENSING

Mail Stop AF **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

REPLY TO FINAL OFFICE ACTION DATED MAY 20, 2004

Dear Sir:

Favorable reconsideration of the above-identified patent application is respectfully requested in view of the amendments and comments below.

The Commissioner is authorized to charge the fee for one new independent claim and six new dependent claims (\$194.00) to Deposit Account No. 50-1063 (Ref. ALBRP138US).